GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:3279
ANSWERED ON:05.08.2016
Premature Births
Somaiya Dr. Kirit

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government is aware that every third child born in India is premature;

(b) if so, the details thereof and number of cases of premature birth reported during the last three years and the current year, State/UT-wise;

(c) whether the Government has ascertained the reasons for increase in premature births; and

(d) if so, the details thereof along with the steps taken by the Government to check/restrain premature birth across the country?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a) & (b): As per WHO Publication "Born too Soon: The Global Action Report on Preterm Birth", 13 % of all the births in India are estimated to be born premature. The state/UT-wise data on number of premature births is not available.

(c): As per WHO Publication "Born too Soon: The Global Action Report on Preterm Birth", the rate of preterm births is rising across all nations. The probable causes are increase in maternal age, underlying problems like diabetes and high Blood pressure, greater use of infertility treatments and changes in obstetric practices

(d): Under the National Health Mission (NHM), interventions to address the burden of neonatal mortality are implemented all over the country. These include:
1) India Newborn Action Plan (INAP) addresses issues related to newborn health including preterm care, care during preconception and during pregnancy.
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2) Identification and management of high risk pregnancies, ensuring emergency obstetric care and essential newborn care by building capacity through Dakshta, Life Saving Anesthesia Skills (LSAS),Basic Emergency Obstetric Care (BEmOC) and Comprehensive Emergency Obstetric care (CEmOC),Navjat Shishu Suraksha Karyakaram (NSSK) & FBNC.

3) Promotion of institutional deliveries through Janani Suraksha Yojna (JSY) and Janani Shishu Suraksha Karyakaram (JSSK). Janani Suraksha Yojna (JSY) is a cash incentive scheme for pregnant mothers and Janani Shishu Suraksha Karyakaram (JSSK) entitles all pregnant women and sick infants to absolutely free and no expense treatment at the public health facilities.

4) Guidelines for use of Antenatal Corticosteroids in preterm labour and Kangaroo Mother Care and optimal feeding in Low birth weight infants for the management of sick and small babies have been disseminated to the states. ANMs have been allowed to give Injection Corticosteroid as a part of for management of preterm labour and injection Gentamicin for managing sepsis in newborn in special situation to improve access to care.

5) To strengthen continuum of care from facility to community and back; Special Newborn Care Units (SNCUs), Newborn Stabilization Units (NBSUs) for care of sick newborn, Newborn Care Corners (NBCCs) for essential newborn care at all delivery points, provision of Home based new born care (HBNC) through ASHAs at community level and District Early Intervention Centres (DEIC) for supporting care beyond survival are implemented.

6) Some other important interventions are Iron and folic acid supplementation of adolescent and pregnant women, mother and child tracking system and Village and Health Nutrition days for counselling the mothers.

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